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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### TWO CASES OF NEPHRALGIA WITH CALCULUS.

BY A. P. BROWN, M.D.,  
Of Jefferson, Texas.

W., aged thirty; printer; intemperate; came under my treatment complaining of nephralgia. Had anasarca, and pulse, color of skin, and general appearance denoted septæmia, with breaking down of the vital powers. Ordered generous diet, moderate exercise, and daily ablutions for the entire body, and gave citrate of iron before each meal, with

R. Fluid extract hydrangea,  $\overline{3j}$  .  
Soda bicarb,  $\overline{5j}$   
Elixir citrate lithia,  $\overline{3v}$ . M.

Sig. Teaspoonful five times daily.

Patient took this medicine regularly for ten days; voided a very large stone during micturition; relieved at once, and has had no return of the nephralgia.

P., merchant, aged thirty years; temperate and very active; was wounded by being struck by a piece of shell, which drove his canteen into the left side, wounding left kidney. Nine months after several pieces of the tin canteen were removed from near his kidney; parts healed, leaving very little scar. Ten years afterward I was called to see him in a case of bilious remittent fever, in this city, and he recovered, but with almost constant nephralgia. I gave him

R. Fluid extract hydrangea,  $\overline{3ij}$   
Elixir citrate lithia,  $\overline{3vj}$ . M.

Sig. Teaspoonful five times daily.

361

Pain was relieved, and a brick-dust sediment was found in the urine, and by pouring out the contents from a glass goblet, and allowing it to remain a few hours inverted, beautiful stalagmites and stalactites of octahedral crystals of oxalate of lime formed, from a quarter to one and a half inches long, and showing under the microscope stars, fans, rods and dumbell shapes; these were colorless, which is the distinctive difference between the lime deposits and the orange brown colors of uric acid. After taking the medicine two weeks, patient passed a large stone during micturition, and has had very little trouble since (two years), and he tells me that whenever any of the pains about the kidneys recur, a few doses of the prescription eases the pain and clears up the urine.

I hope this may be of some benefit or interest to the profession.

#### REMOVAL OF THE RIGHT LOBE OF THE THYROID GLAND, FOR CYSTIC DEGENERATION.

BY DRS. MILLIGAN AND TUPPER,  
Of Wabasha, Minnesota.

At the annual meeting of our State Medical Society, held at St. Paul, in February last, Dr. Otis Hoit, of Hudson, Wisconsin, gave a verbal description of how he has repeatedly removed the thyroid.

Professor Gross and many other eminent American surgeons do not approve of any operation for its extirpation, and consider it "an expedient fraught with the highest risk to life." Dr. Green, of New York, and other Eastern surgeons, have, of late years, removed

the entire gland successfully, and we consider that, notwithstanding the eminent authority against operative procedure, it is not only right and just to extirpate the gland, but it is really justifiable, and should be performed in every case after medical treatment has failed.

The patient was a lady, American, 40 years of age, and married.

For a number of months an enlargement of the right lobe of the thyroid had been noticed by the patient. It was not painful, and caused very little difficulty in breathing or swallowing. Yet, the patient being of a highly nervous temperament, it gave her a great deal of anxiety, and at her earnest request, was removed.

The patient being thoroughly anaesthetized, an incision was made about two and a half inches long, over the seat of the enlargement, the gland seized and carefully cleared from all attachments, the ecraseur applied, and slowly made to cut its way through. There was no arterial hemorrhage, and the free venous oozing was readily controlled by the persulphate of iron.

The organ was found to be the seat of a large serous cyst, deeply imbedded in its substance.

The wound healed kindly, and she is now, four weeks after the operation, quite well.

#### INFANTILE CONVULSIONS.

BY F. K. BAILEY, M. D.,  
Of Knoxville, Tenn.

The following case is added as an appendix to one reported in your columns several years ago. The patient was a child of African parents; four months old; male; of previous good health, fat, and of good size. March 14, 1875, reported at 9 o'clock, P. M., as having convulsions. I sent calomel and ipecac, to be followed with castor oil.

March 15th, 11 A. M. I called and found the child had had convulsions at times, till thirteen had occurred. Lying in a deep sleep; pupils about normal, but not influenced by light. Pulse 130 or more; skin hot; bowels had moved freely after taking the medicine sent last night. Prescribed as follows:—

R.	Brom. potassii,	ʒij	
	Hydrat chloral,	ʒj	
	Fl. ext. valerian,	ʒj	
	Syr. simplicis,	ʒvij	
	Syr. rhei aromat.,	ʒj.	M.

Sig. Teaspoonful every three hours.

I notice that the anterior fontanelle is abnor-

mally open. The front commissure is a little above the level of the eyebrows, and extending posteriorly; the opening reaches the coronal suture. Upon the top of the head the width of the opening is nearly three inches. The scalp is tense over the opening, and scarcely yields to pressure.

March 16th, 7.30 A. M. No convulsions since daylight, and an abatement after 2 o'clock, A. M. Less heat about the head, but there is stupor. Bowels somewhat open, and swallowing is accomplished without much trouble. To continue the mixture every three hours, unless fits should recur, in which case it is to be given every two hours.

March 17th. Child died during the night, having remained comatose till the last.

It appears that the convulsions were suspended at one period after beginning to take the mixture, and if its use could have been commenced before congestion had occurred, recovery might have resulted.

In the REPORTER of April 15, 1871, I reported a case of infantile convulsions, treated with chloral. The above case was a child of the same mother, and in regard to the open fontanelle, I consider it a rare occurrence. In reference to the case which occurred four years ago, I will here remark that that child was unable to walk until it was more than three years old, and has had strabismus, to some extent, in both eyes, to this day. The head is unusually large, and the body small. The lower extremities are still weak and small, but the child can walk tolerably well. It was thought, for two years at least, that recovery was a misfortune, for appearances, both physical and mental, were very unpromising.

#### THE PRESENCE AND FORMATION OF VIBRIONES IN THE PUS OF ABSCESSSES.

Translated for the MEDICAL AND SURGICAL REPORTER.

BY JOHN B. ROBERTS, M. D.,  
Of Philadelphia.

At a recent sitting of the French Academy of Science, a paper with the above title was presented, which has some clinical interest. In investigating this subject, M. Bergerou made numerous experiments at the Hôpital de la Charité, upon patients suffering from phlegmonous and cold abscesses, the contents of which

had never been exposed to the air. In order to preclude, as far as possible, the introduction of vibriones into the pus, after it had been evacuated, he employed a solution of hyposulphite of soda, ten parts to the one hundred, a drop of which, if added to any preparation containing vibriones, will, he found, destroy or render motionless, all the animalculæ. This solution was employed to wash the skin in the vicinity of the abscess before it was incised, and to cleanse the instruments necessary for the performance of the operation. After the abscess was opened, the pus to be examined was received in small glass tubes, which had been previously plunged into the solution of hyposulphite of soda, and then warmed at the bedside immediately before the knife was used, so that scarcely a second elapsed for the admission of germs into the fluid. A microscopic examination of the pus obtained in the manner described was instantly made, under an immersion lens, and with an eye piece giving fourteen hundred diameters, the distilled water having been previously tested, to exclude any error from that source.

The experiments included three series:—phlegmonous abscesses in adults between twenty-two and sixty years; phlegmonous abscesses in children below eighteen years; and cold abscesses, such as coxalgia, chronic suppurative adenitis, etc., in all ages.

From his investigations, M. Bergerou draws the following conclusions:—

Vibriones are met with in the pus of abscesses without the system being necessarily profoundly affected, and without our being able to refer their presence to contact with the external air. We cannot allow, in these cases, that the vibriones penetrated into the centre of the abscess by the lymphatic system or by the circulation of the blood, for they were both intact.

The pus of phlegmonous abscesses in adults always contains vibriones; but if abscesses in children contain them at all, this must be the case more rarely, since he has not seen a single example of it. They are never found in the pus taken from cold abscesses, however, whether the patient be a child or an adult.

Vibriones may be considered as indicating a serious inflammatory state, and a certain tendency to decomposition of the fluids containing them, without exercising very often, however, a toxic action upon the economy. He, however, is far from rejecting the possible connection of vibriones with the pathology of purulent infec-

tion, and believes that their absence in the phlegmonous abscesses of childhood explains the fact that, in most cases, children are free from septicæmia.

And finally, the liquid which at present seems most appropriate for the destruction of vibriones is the solution of hyposulphite of soda.

## HOSPITAL REPORTS.

### LONG ISLAND COLLEGE HOSPITAL.

SERVICE OF PROF. S. G. ARMOUR, M.D.

April 16th.

Reported by Walter Lindley, M.D., House and Ambulance Surgeon, E. D. Hospital.

#### Dropsy.

The first case presented at the clinic to-day was a case of dropsy. The leading points in the clinical history of dropsy were clearly presented. It is not a substantive disease; it is a mere symptom, the result of some general or local morbid condition. This may consist in mere mechanical interference in the return of venous blood. This is a most common cause. The effusion will, of course, depend on the location of the obstruction. If the point of obstruction is the right side of the heart, we shall have more or less general dropsy. If on the left side of the heart, we shall have œdema of the lungs. The liver is a frequent seat of obstruction. When the portal vein is obstructed from any cause, we have ascites. In short, a local obstruction produces a local dropsy. We carry this general fact with us to the bedside, and find it verified by daily observation. Other elements also enter into the causation of dropsy, such as a feeble and relaxed state of the vessels and tissues, an unhealthy, watery condition of the blood, the withdrawal of nervous influence in connection with the vessels, deficient power of absorption on the part of the lymphatics, and, above all, disease of the kidney, by which albumen is allowed to escape into the urine. Now, in the sense of these general facts before us, let us examine the patient presented to us to-day. You will remember this case as having been before you at our clinic during the early part of the term. We learn from the patient that he is æt. forty, a laborer, and has suffered from rheumatism; and in seeking for the cause of his dropsy, we very naturally found it in obstructed cardiac circulation, for there is an intimate relation between rheumatism and heart disease. Gentlemen of the clinical section of to-day will have the opportunity of locating a so-called valvular murmur. The first fact that will attract their attention is, that the morbid sound is heard over the apex of the heart, and that it is synchronous with the contraction or systole of the heart. These two facts settle the matter—

first, that it is a mitral murmur; second, that it is a regurgitant murmur. Now, as the result of this constant regurgitation, there is a chronic passive hyperæmia of the lungs. They cannot empty themselves of their circulation, and the consequence you see. The patient is short of breath; has labored breathing; is restless, and presents a general puffy appearance. On further examination, you detect extensive, moist crepitations in the lung substance, the result of pulmonary oedema; and since the patient was last here, the effusion has been extending to the limbs and cellular tissue generally. A fortnight ago we put this patient on a solution of iodide of potash in the infusion of digitalis, sustaining him at the same time with tonic doses of quinine. But, notwithstanding our medication, the dropsical trouble has steadily and gradually increased, and he presents himself to-day an opprobrium to our art. For reasons that then appeared to me satisfactory, I desired to give the patient the benefit of a thorough saturation in the iodide of potash. But I now propose to go back to a good old treatment for dropsy, popular a quarter of a century ago, and like many good old things, lost sight of in the eager pursuit of something newer and better. I allude to the old-fashioned combination of calomel, squills and digitalis. For general anasarcaous dropsy, complicated with pulmonary oedema, I never have found anything else half so reliable. I prefer, however, to give the calomel and squills by themselves, and the digitalis in infusion. I regard this as an improvement on the old combination. There is something in the action of mercury in equalizing abdominal circulation, and thereby promoting secretion and absorption, that we find in no other agent, and, when combined with digitalis, it is one of our most valuable diuretics, although, of course, we must be careful to avoid the constitutional action of the drug. In this connection, let me call your attention to purely local dropsies in closed serous sacs. What can we accomplish by drugs in the removal of such accumulation of fluid? In my judgment, almost nothing. It is worse than folly to be constantly medicating patients to get rid of such accumulations. After a time we wake up to the fact that we have, perhaps, ruined the patient's stomach, and accomplished nothing more, by our drugs. If the fluid is serous, let it alone, it will take care of itself. If it is purulent, remove it with the aspirator, and attend to the patient's general health.

#### Hypertrophy of the Heart.

While on the subject of heart disease, let me present you another interesting case. This lady is, as you observe, very slender, her muscles thin and flabby, and she has great disturbance of circulation. Our attention is at once directed to her heart, and what do we find? The first thing that attracts our notice, is the unusual impulse of the heart. You can observe, even at a distance, the strong impulse, as I apply my hand to her chest, and this impulse, let me say to you, is widely extended. This slender

lady has a heart large enough and strong enough for a giant. But notwithstanding the remarkably strong impulse of the heart, the patient has a singularly feeble pulse at the wrist; the arteries are badly filled. Now I ask you to carefully note the facts in the order of their presentation:—first, strong heart-beat; second, feeble pulse at the wrist. In further exploration by the stethoscope, I find a murmur over the base of heart at the third interspace, and on tracing it I find it propagated upward, and more on the right than on the left side of sternum. Now what is it? My clinical section answer me that it is an aortic murmur. True, but is it a direct or regurgitant? When I state the further fact that I hear the sound in the systole of the heart, you at once answer that it is an aortic direct. But you did not really need to listen to the two sounds of the heart, to determine the question as to the direct or regurgitant character of the murmur; the imperfectly filled arteries completed the diagnosis. In aortic regurgitant representing valvular insufficiency, we have, as a rule, a jerking, abrupt, and hard pulse, with rapid "fall backs," sometimes described as "balls of blood shot under the finger." There is nothing of the kind in this case; the pulse is feeble. It is a typical case of direct aortic lesion, the tendency of which is to produce pure hypertrophy of the left ventricle, which compensates for the obstruction, so long as there is no degeneration. In a prognostic point of view, it is important that we make an accurate diagnosis in these cases. A direct aortic is one of the simplest and most harmless lesions of the heart; a regurgitant leads to speedy difficulty by the constant overstrain and consequent degeneration of the arteries. Now what shall we do for the case? Very little. Nature has been already kind to the lady, by strengthening the walls of the heart to overcome the resistance, and we had better not rudely interfere, with our cardiac sedatives and stimulants, as our fancy might dictate. It is a good and safe rule, never to interfere with nature when she is doing well enough. In this case we have no fault to find with her. All we have to fear is degeneration of the heart's walls; against that we should guard as best we can, and we can in no way do it better than by looking after the patient's general health. Her nutritive system should be well sustained. Her diet should be nutritious, such as eggs, meat, milk, etc. She should also take moderate open-air exercise. Beyond this general course, I have nothing to suggest. The heart, it is true, is acting with unusual vigor; but we must remember, at the same time, that the pulse is feeble. I can see no indication to either attempt to strengthen or restrain the heart's action, and I shall, therefore, follow the very safe rule already suggested.

#### Tuberculosis—Scrofulosis.

The next case I present you is one of great interest. It belongs to the order of constitutional diseases, and represents, with most



typical accuracy, what is known and recognized as the scrofulous cachexia. I ask you to look at the boy as he stands before you; and listen to the history of his young life, as stated by his next friend, for we are told that both his father and mother are dead. Scrofulosis is evidently a hereditary disease. This little patient has doubtless been in a pathological condition ever since the first evolution of the germ of his existence. He has been "born into the world half made up." A glance at his remarkably white skin, swollen abdomen, flabby, spongy flesh, large head, curved spine, pigeon breast, and enlarged lymphatic glands, shows at once the perverted condition of the nutritive system, and this perversion is peculiar to an illy-balanced organism, which he has derived from his ancestry.

The relation of scrofulosis to tuberculosis, although an old question of debate, has been recently invested with peculiar interest. Heretofore, the views of Lænnec have prevailed, viz.: that "phthisis always depends upon tubercle." He regarded tubercle as a primary neoplasm, *i. e.*, a new formation of a peculiar character, and utterly denied that tubercular matter ever had its origin in inflammation. Lænnec had, and has to-day, many followers.

More recently, however, we have the "new views" of the German School, who teach that, in many cases, the disease is local, *i. e.*, due to causes acting directly upon the lungs, or to morbid conditions seated in these organs, and to this view, although educated in the Lænnec school, every day clinical observation more and more inclines me. You will have abundant opportunities to study the facts here, in most varied cases that will present themselves in our clinic; and I hope we may study them, not as partisans, but as seekers after truth. To Niemeyer, as a representative of German thought, we are indebted for the fact that tuberculous disease is seen in persons whose lungs or other organs contain old caseous deposits, the deposit of tubercle being a *secondary* condition. In comparatively rare cases, however, he confesses that tubercle may proceed from other causes, of whose nature we are ignorant. At the present time, therefore, according to the German school of pathology, tubercle is represented in two typical modes of appearance; one local and inflammatory, the other disseminated and constitutional.

Now, in the case before us, you notice a tendency to enlargement of the lymphatic glands. This irritable condition of the glands often escapes observation; it appears to come on spontaneously; it is often attributed to colds; whereas, in the background, if we carefully study the case, we shall detect the true scrofulous diathesis. It may first manifest itself in non-inflammatory engorgement of the lymphatic glands, in enlarged tonsils, eruption upon the face, otorrhoea, conjunctivitis, ulceration of the cornea, and tendencies to croup. All such constitutions in childhood, tend in the direction of pulmonary phthisis in more advanced life. I

do not mean to say that the scrofulous diathesis depends upon "scrofulous material" in the blood. This view is almost universally abandoned, and I think justly so. The alterations that take place are evidently of an inflammatory nature; we have a low grade of inflammation occurring in a peculiar diathesis; there is a constitutional tendency to glandular enlargement from profuse cell formation, known by the modern term, "cellular hyperplasia." The tendency of this cellular hyperplasia occurring in scrofulous constitutions is in the direction of "cheesy degeneration," which degenerate material, when softened, is taken up by the absorbents and capillaries, carried to the lungs, and there deposited in the form of capillary emboli, and around these emboli tubercular matter is deposited. In some forms of pneumonia, especially chronic catarrhal pneumonia occurring in the scrofulous constitution, the same results take place.

Now, it may be asked, What good is to be derived from the change in views of the pathology of consumption? I answer that good things may always be expected to follow true things. Let us seek for truth, and trust to the practical application that may result therefrom. If we clearly recognize a consumptive diathesis, an underlying scrofulous inflammation that gives rise to the "infiltrated granular tuberculosis" of the older pathologists, it invests the disease at once with a larger element of hope. It puts us in the way of adopting a more rational prophylaxis. It suggests the importance of regulating all the agencies by which we live, such as diet, muscular exercise in the open air, sunlight, and such medicinal substances as strengthen and build up the nutritive system.

With children showing a tendency to scrofulosis in early life, a rational and efficient hygienic influence should be insisted upon and carried out to the fullest extent. The "new views" stimulate us to new endeavors to devise means for the arrest of this fearful malady; whereas, according to the old view, it is useless to attempt, even in the early stage of the disease, any rational therapeutics, as the lungs are the seat of a neoplastic deposit, the structural changes are beyond the reach of art, the result is merely a question of time. For this little patient we shall prescribe fresh air, an out-door life, warm clothing, good, nourishing food, with cod-liver oil and the hypophosphates.

In this connection, and before dismissing the patient, let me attract your attention to two distinct forms of scrofulosis. In the one form there is over-production of fat in the subcutaneous cellular tissues; there is an indolent state of the processes of constructive and destructive assimilation; the expression is heavy and listless; the features coarse; the head large; the upper lip tumid; the abdomen swollen; the cervical glands enlarged; and the flesh flabby, spongy, and phlegmatic. In the other, the muscles are thin and soft; the weight light; the teeth handsome; the hair soft; the skin clear and white; there is a bluish appearance of the

subcutaneous veins, with a peculiar transparent condition of the sclerotica.

Authors have given to the first form described the name torpid, or phlegmatic: to the other, erethitic. Practically considered, one form is improved by cod-liver oil and the phosphorized fats; the other not. The torpid variety is improved by iodine and its compounds; the erethitic is not. There is no lack of examples of either of these forms of disease, and both tend in the direction of consumption.

## MEDICAL SOCIETIES.

NEW YORK PATHOLOGICAL SOCIETY,  
STATED MEETING, APRIL 14TH, 1875.

Dr. Francis Delafield, President, in the chair.

### Cancer of Liver.

Dr. A. L. Loomis presented a specimen of cancer of the liver, with the following history:—

A woman, aged fifty-nine, came under observation in March, 1874. She had always been healthy until three years before, when she began to complain of obstinate constipation and pain in the epigastrium, but had not then kept her bed. When seen, the pain in the epigastrium was constant. She was vomiting, constipated, and, at times, drowsy to apparent coma. A physical examination of the abdomen revealed an enlargement at the epigastrium. On percussion, there was dullness two and a half inches below the ribs, on a line with the right nipple, and extending four inches to the left of the median line. The liver was smooth and not nodular. Fatty degeneration of the liver was diagnosed.

The patient was again seen two months later. The tumor in the epigastrium was irregular, and the size of a normal spleen. It was thought to be composed of impacted feces, and the case was treated accordingly, but the tumor did not disappear. Suspicions were excited as to the presence of either of the following diseases, viz, cancer of the liver, hydatids, or disease of the stomach. The patient passed out of observation for six months, and at the end of that time presented the same conditions and still suffered from constipation.

On March 1st, 1875, she was again seen. The left lung was the seat of pneumonia, while the right was cedematous. Soon afterwards she died.

*Autopsy.* The left lung was the subject of pneumonia in the second and third stages. The right was cedematous. The liver extended three inches below the ribs, and six inches to the left of the median line. On section, the left lobe was found to contain a tumor the size of a fist, and of a gelatinous consistency, imbedded in which was a smaller one, measuring about one inch in diameter. A microscopical examination showed the tumor to be carcinomatous.

### Pott's Disease.

Dr. Otis exhibited the specimen of disease of the spine connected with the case he had reported at the last meeting, and read some additional notes and comments by Dr. Taylor, who had treated the subject by a mechanical appliance.

At the autopsy miliary tubercles were found in both lungs. On each side of the spinal column, at the seventh dorsal vertebra, a tumor was found, on penetrating which about one ounce of pus escaped. The specimen was then frozen, and the bodies of the vertebrae were divided into vertical sections. The spinal cord was surrounded by pus, a fifth part of one of the vertebrae was diseased, and a good view was obtained of the early stages of vertebral disease.

The remarkable features of this case were, first, the tolerance, by the spinal cord, of destructive disease so near to it, when it had been found that out of three hundred and fourteen cases of spinal disease in hospital and private practice, 11½ per cent. were affected with paralysis, and that 17 per cent. of dispensary cases were similarly affected; and, second, the tolerance by the general system of a disease by which the spinal column is destroyed.

The destruction of the vertebrae, one after another, seems to go on by mere contact. Death rarely occurs *directly* from this affection. When it does occur during its progress, it is caused by the pus, which, in endeavoring to escape, finds its way into the pleura or peritoneum. When pus has not penetrated any of the cavities, but finds an exit from the body, death will not ensue. Therefore death may result from this disease *indirectly*, but not *directly*.

The president said that in hospital practice it was not infrequently found that paraplegia was produced from caries of the spine, and that death usually resulted from complications, and Dr. Loomis remarked that the complications were often renal.

### Intra-capsular Fracture of Femur.

Dr. Sell presented a specimen of intra-capsular fracture of the femur, with a history as follows:—

D. M., aged 76, fell on the right side of his body. On examination, the right foot and knee were found to be everted, and there was some shortening. The patient's habits had never been intemperate, nor had he ever contracted venereal disease. After the accident he was unable to stand or move. He was seen by several surgeons, and there was some dispute as to the nature of the injury. Some thought there was but a contusion of the hip, while others considered that fracture of the neck existed, the latter being divided in opinion as to whether the fracture was extra-capsular or intra-capsular. Buck's extension was applied; a diarrhoea set in, which was controlled by opium. The patient was comfortable, and without pain, except when moved. Some days later he died, having, but fifteen minutes before, had a con-

versation with his son, to whom he stated that he "felt comfortable." The upper sixth of the right femur was exsected, and the fracture found to be intra-capsular. The fractured portion was held together by a part of the periosteum, which was slightly ruptured, giving rise to effusion of blood into the capsule.

#### Fatty Degeneration of Heart—Parenchymatous Nephritis.

Dr. Satterthwaite presented a fatty heart and kidneys which had been the seat of parenchymatous inflammation, and had been taken from the body of a man aged seventy-one, healthy, and of active habits. The only disease with which he had previously been attacked was acute rheumatism, and this had left no ill effects. One year before, while in California, on a pleasure excursion, he had suffered somewhat from dyspnoea, after walking up hills. This, however, had soon passed away, leaving him as vigorous as ever. Seven weeks previous to his death he took a sleigh drive of twenty-five miles, after which he felt weak and exhausted. Two weeks later, while riding in a horse-car, he lost all consciousness, and did not know how he reached home. Stimulants were administered and he rallied. The family physician was called in, and found oedema of the lower extremities. There was feebleness of the pulse and of the apex beat of the heart. He passed two quarts of urine daily, which contained no casts, and had a specific gravity of 1012. Stimulants and tonics were prescribed, and his appetite remained good until within ten days of his death.

*Autopsy.* The body was well nourished, and its surface very pale. The lungs were oedematous, pericardium contained bloody serum, and the aorta was atheromatous. The heart was pale and flabby, and the valves thereof healthy. The tissue of the left ventricle was so fatty as to readily break down under pressure of the fingers, while that of the right was fatty to a lesser degree. A microscopical examination revealed a disappearance of the muscular tissue of the ventricular walls, except at the periphery. The liver was small and not fatty. The kidneys were encased in fat, and in a state of atrophy. The right one was soft and friable, its upper portion being very fatty. The softening was due to parenchymatous nephritis. On microscopical examination the tubules of the lower portion were found to be filled with granules. The left kidney was not so much diseased.

The interesting feature of this case was the fatty degeneration of the heart.

Dr. Loomis inquired as to the condition of the coronary arteries.

Dr. Satterthwaite replied that they had not been examined, and in answer to the president, said that the sarcolemma was filled with granular matter, having the refraction of oil globules. The form of the muscular fibres was preserved.

The president then remarked that it was difficult to determine, from a microscopical examination, how much degeneration is necessary

to cause death. In all other cases of death resulting from a cessation of the heart's action, where there is granular degeneration of the ventricular walls, the same difficulty arises. In almost all hearts some granular degeneration is found.

Dr. Loomis said that the degree of danger depended more upon the size, or, in other words, the dilatation of the ventricles.

#### Distended Gall-bladder—Intestinal Nephritis.

Dr. Messenger presented specimens of distention of the gall-bladder and perinephritis.

A woman, aged 64, and weighing about two hundred and fifty pounds, had suffered from malarial fever persistently. Four years previous to death she had been attacked with sciatica, from which she had never entirely recovered. Her urine at that period became scanty and albuminous, and was of light specific gravity. She had suffered from vomiting, obstinate constipation and general pains, but had retained her flesh until within six weeks. The urine contained hyaline casts which were distinct but not numerous. The heart was not enlarged, but its beat, though normal, was indistinct.

There was extreme dyspnoea, but no moist râles were heard. A large swelling in the right iliac region was found. For the last two months of life the dyspnoea and vomiting became incessant, and on the 12th of April she died from exhaustion. Phlegmonous inflammation of the right side of the face was noticed two or three days previous to death.

*Autopsy.* The gall-bladder was large and greatly distended with bile. The pyloric end of the stomach, the duodenum, and the hepatic flexure of the colon were bile-stained. The large intestines, from the caput coli to the rectum, contained scybalous masses. The kidneys were the seat of chronic disease. The other organs were not examined, owing to objections on the part of the family.

Dr. Sell stated that this patient had been under his observation some seven years before. At that time she was examined for an abdominal tumor, but the case was then decided to be one of obesity.

The president remarked that the kidneys were in a greatly advanced state of chronic disease, and that the distention of the gall-bladder was due to some obstruction of the cystic duct.

Dr. Heitzman, who had examined the kidneys microscopically, stated that he had found interstitial nephritis, and that he had been astonished to hear of the finding of casts in the urine during life, as in that variety of kidney disease casts were rarely found.

#### Congenital Laryngismus.

Dr. Burrall, as a non-member of the society, requested permission to relate a case.

A female infant, weighing seven pounds, was born vertex presenting, there being nothing unusual about the labor. The head was flattened on the top; the second and third phalanges of one hand were wanting, and there was an ante-



rior curvature of the sternum. The breathing was stridulous and resembled the cry of a young chicken. After a few days it became louder and somewhat croaky. There were spasms at night. The aeration of the blood was well performed.

A laryngoscopic examination was made by Dr. Lefferts, but with great difficulty, owing to the smallness of the parts. No obstruction, however, was found.

On the twelfth day, March 24th, the child had been indisposed to take nourishment, grew weaker on the 25th, and died on the 26th, fourteen days after its birth.

*Autopsy.* The body was pale and well nourished, and the larynx normal. There was engorgement of the lower lobe of the left lung.

The causes of this disease are obscure. According to McKenzie, it may be due either to contraction of the adductors of the larynx, to disordered functions of the brain, or to pressure upon the laryngeal nerves.

#### THE NEW YORK NEUROLOGICAL SOCIETY.

At a meeting held on the 5th of April, Prof. F. D. Weisse said that physicians, in his opinion, should review their ideas regarding the so-called

##### Diseases of the Skin.

His own experience has led him strongly to favor the French theory, in so far as they regard affections of the skin to be merely symptomatic. He had long taught, with reference to this class of lesions, that they should not be called diseases proper, but that they should be regarded simply as symptomatic conditions, excepting, of course, the neoplasms that occur in the texture of the skin, as well as other locations of the body. He would be inclined to regard the neuroses of the skin as simply symptomatic manifestations of some neurotic disturbances or lesion; and so far as their local treatment is concerned, very little benefit is to be obtained when the neurotic origin cannot be reached, and therefore, he prescribes local measures only for temporary comfort, and at the same time to satisfy the craving which all patients have, of wanting to do something to the skin.

The curative measures, when the skin symptoms are of a neurotic origin, should, of course, be a rational and systematized treatment, directed to the neurotic cause. The symptomatic lesion of the skin could be properly grouped into 1, local affections; 2, developmental affections; 3, hæmatic affections or skin affections depending upon some dyscrasia; 4, neuroses. It has seemed to him, that of many of the so-called neuroses, of the skin, we are to look for their solution in the fact that the nerve filaments of the skin are directly irritated, either by special articles of food, or by mal-assimilation, occurring from some disturbing influence, the skin is called upon to eliminate

something that is foreign to its eliminative office, thereby irritating the sensitive element of the skin, namely, its nerves. The hæmatic affections of the skin undoubtedly depend upon mal-assimilation. Psoriasis, never, in his opinion, is of neurotic origin, and therefore, cannot be placed in the group of neuroses. While there are cases that may be brought forward as illustrations, antagonizing the fact that certain affections of the skin seem to have a special neurotic etiology, he could not think that these cases militate against the propriety of classing certain symptoms of the skin, or so-called diseases, as neuroses, proper.

There is a certain class of patients who present themselves to the dermatologist, who should, perhaps, consult those engaged in purely neurological practice. They are those whose nervous organization presents a peculiar susceptibility. Thus, their nervous system appears to be the portion of the body most vulnerable. They seem, at times, to have a peculiar tendency to the development, upon the slightest irritation, from mal-assimilation, from whatever cause, of cutaneous lesions. Indeed, it has been stated and held, by some dermatologists, that eczema itself has a neurotic etiology.

With reference to special affections, it seemed to him that urticaria is more especially a condition dependent upon the effect of mal-assimilated ingesta; that the effect upon the skin is not through a reflex neural influence, but by the absorption into the blood of the peculiar irritating material to the skin, be it strawberries, shell fish, etc. This material being taken up by the blood, attempts to make its exit through the excretory channels of the skin, and produces a local irritation thereof. Now it does not seem necessary to go back of this line of argument to look for a special neurotic origin for urticaria. As it more frequently presents itself to us, it depends upon something which has been eaten, or upon mal-assimilation.

The treatment bears upon this theory. It is not directed to the neurotic character of the affection, but to the bringing into action other eliminative channels. When these have been rendered active, the symptomatic urticaria disappears. On the other hand, in some patients, chronic urticaria is developed where there is a condition present of general sub-oxidation in the assimilatory symptoms. While the patient is in this condition, the slightest external difficulty, as exposure to a draught of air, change of clothing, and like causes, will lead at once to a tendency to elimination in the wrong direction, as, indeed, a checking of the eliminatory processes, which leads to a cumulative effect of retained excreta on the skin, thus called upon to eliminate them, and urticaria is the result.

With reference to alopecia areata, which is sometimes regarded as a neurosis, because it is developed in cases where there has been a great strain upon the nervous organization of the patient, or where the patient has a feeble nervous organization, he would hold to the local parasitic etiology of this affection. His own expe-



rience bears him out in this view, as he has yet to see a case of alopecia areata that will not yield to local parasiticide treatment alone. He has had typical cases thereof, and never resorted to internal treatment at all. He uses an appropriate parasiticide, and subsequently, after the parasite is stamped out, he is in the habit of resorting to an irritant to the skin, in order to favor a vascular supply to the hair follicles, that they may develop new hair.

Referring to zoster and zona, and the so-called herpes labialis, he would not classify them under the generic term herpes. We have an unfortunate nomenclature in dermatology, which has placed different affections under the same name. In the Dermatological Society of this City (New York) a movement is on foot with reference to the formation of a nomenclature of skin diseases which will present to the medical profession of the United States a rational nomenclature, wherein one name will mean one recognized affection only. When it is finished, the Society intends to present it to the profession of the United States for ratification. But to return to herpes labialis; he is rather inclined to take the view of the French writer, Coutagne, regarding the vesicles that present themselves upon the lips in a person having a slight cold, sore throat, and kindred symptoms, that it is, to a certain extent, an exanthematous lesion. In all cases, he has found that these patients are extremely susceptible to disturbing influences; their assimilative processes are easily deranged by cold, and the lips and buccopharyngeal mucous membranes are, with them, the most frequent territory for the evolution of the symptomatic lesions.

He would call attention to our recognition of the signification of the term territory, and he would give it a wider and more clinical import than Virchow gives it. He would recognize not only the cell territory, but a vascular and nerve territory. In so doing, it is possible to explain the connection of the development of vesicles upon the lips, in cases where there exists inflammatory disturbance of the buccopharyngeal mucous membrane.

Herpes zoster, undoubtedly, is merely a symptom of nerve lesion, and it seems to be entirely futile to resort to local applications, except for the purpose of protecting the vesicles, and satisfying the patient that something is being done externally.

He would also regard both pruritus and prurigo as symptoms. Of course, in prurigo, there is a positive cell hypertrophy present; while in pruritus, there is, seemingly, no positive cell lesion. He would be inclined to classify both, however, as neuroses.

He would thus accord to the skin all its neurotic proclivities, because of its extensive nerve distribution, thereby presenting a theatre or field for the development of a great many neurotic symptoms. He would be inclined to recognize that in all specialties patients present themselves with that peculiar general neurotic condition which Dr. Anstie has spoken of so clearly in his later writings, and has recognized as a positive neurotic diathesis. In these cases there seems to be an extreme susceptibility to disturbance of the nerve functions of the organization, by any cause manifesting itself symptomatically at the skin, the uterus, etc., according to the organic vulnerabilities of the patient.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### On Addison's Disease.

After a thorough study of this disease, Dr. J. Headlam Greenhow sums up, in the *British Medical Journal* :—

From these data, the following deductions may safely be drawn.

The occurrence of Addison's disease takes place almost exclusively in persons employed in active manual labor.

The mortality caused by it is pretty equally distributed over the laborious period of life, and to that period it is almost entirely confined.

The disease is comparatively much more frequent in persons of the male sex, whose employment involves the heaviest kinds of labor.

Lastly, a preponderating number of the cases which occur in persons of the male sex are

found amongst those classes of laborers whose occupations are most likely to expose them to bodily injury from accident or over-exertion.

The facts thus brought out cannot fail to suggest obvious inferences as to the probability that, in many of these cases, more or less temporary causes of local inflammation may have existed, similar to those which appear to have been the starting point of the disease in some of the cases to which I have specially referred. In persons of the working classes, strains and falls which do not involve disabling consequences are soon forgotten, and therefore seldom reported, whilst the necessity of striving against the weakness induced by a strain or blow may tend to keep up an inflammatory process, which would have naturally subsided under favorable conditions of rest. Without, therefore, venturing to speak dogmatically on a point which can only be cleared up by much future investigation, I may yet say that I incline to believe the

origin of Addison's disease, in many of the unexplained cases, to be due to traumatic causes, although its development has probably been favored by certain constitutional proclivities.

Very few words need be said here with respect to the diagnosis and prognosis of Addison's disease. The diagnosis is founded upon the constitutional symptoms, aided, in a large majority of cases, by the presence of more or less of the peculiar change of color in the skin. It is not always unattended with difficulty, but, to those who have any practical acquaintance with the disease, it is not, I think, more doubtful than the diagnosis of many other chronic diseases. The prognosis is, of course, invariably grave as regards the ultimate result, though it is impossible to say to what extent life may be prolonged under favorable circumstances. Rest and scrupulous avoidance of bodily or mental excitement, or any other causes of nervous exhaustion, form the essential parts of the therapeutical management of all such cases; whilst the diet and medical treatment must be carefully adapted to the inevitably varying phases of the disease.

#### On So-called Fatty Degeneration of the Heart.

As is known, Dr. H. Weber stated some time ago that, in so-called fatty degeneration of the heart, no increase of fat could be found on chemical examination of the diseased organ. Dr. Stevenson, however, has found 5 per cent. of fat, about twice the normal amount; and Krylow has also found a small but decided increase (4 per cent. in fresh, 20 per cent. in dried heart muscle):—

Dr. Wilks remarks on this, in his recently published *Pathological Anatomy*, "Nevertheless, the amount of increase is positively so slight as to make it probable that the granular appearance of the muscular fibres is due rather to a re-arrangement of their elements than to a large addition of fat, as was supposed before Dr. Weber's researches were published."

On general softening of the heart he remarks, "The heart is found soft when its *rigor mortis* has passed off, as you know from your experience in the dissecting room, where the heart is generally almost pulpy by the time you reach it in the usual course of dissection. You will, perhaps, remember that at the same period the spleen is very pulpy, and the vessels contain air-bubbles, while their interior is deep red or purple, from imbibition of serum stained red through solution of the corpuscles in it. These are phenomena that accompany decomposition, as you well know. Now, in some cases the softness of the heart is very remarkable when there is no sign of decomposition about the body generally. When this is the case you will find the spleen more or less pulpy, and the vessels deep red within, and containing air, just as in advancing decomposition. The course of the vessels under the skin is then marked by purple lines, and the trachea and bronchi are stained intensely red. We have known this change supervene in five hours after death, and

that in winter time, when the weather was cold, and when no signs of decomposition appeared in other bodies kept for several days. By considering the kinds of cases in which this early decomposition of the blood and softness of the heart and spleen appear, you will find that it is more common in fevers, in persons who have died obscurely in two or three days after great surgical operations, or in persons who have died by coma in jaundice, that is, in short, when there are other reasons to believe that death was caused by changes in the blood. Speaking generally, we should say that marked softness of the heart is an index of changes in the blood, and goes with pulpy spleen, red endarterium, and at last air-bubbles in the vessels.

"Such pulpy softness of heart is of great importance among the signs of blood changes; so that when it supervenes very early after death, when the rest of the body is free from decomposition, there is great probability that the unusual condition of the blood thus declaring itself was in progress during life, we would not say to the extent of forming air within the vessels, but this may happen. We have had occasional evidence that emphysema from decomposition, *without any gangrene*, may be found commencing during life, and the same gaseous exhalation may continue after death. In these cases the softness of heart, etc., may come on exceedingly quickly, being complete in a few hours.

"But we have no knowledge of the state of softening of the heart to which some authors on the heart devote a chapter, ascribing special symptoms to it. Softness of the heart is important, but its importance is indirect as an evidence of febrile blood-changes, blood solution (*Blutlösung*)" (p. 118).

#### The Mental Condition in Tuberculosis.

Dr. J. Batty Tuke says on this subject, in the *Dublin Medical Journal*:—

We have to thank Dr. Clouston for the first description of what he calls the insanity of tuberculosis. His conclusions have very severely been called in question, but I, for one, maintain a belief in their accuracy and value. The symptoms of their form in no way partake of the character of the *spes phthisicorum* or *euphoria*, although in some respects there is a resemblance between the want of fixity of purpose of the unsane tubercular subject and that of the mentally afflicted one. To quote Dr. Clouston's own words, the symptoms may be described as "a mixture of sub-acute mania and dementia, with a great disinclination to exert the intellect; occasional unaccountable little attacks of excitement, and a disinclination for work or even amusement; pervading all is a strong tendency to be suspicious." As to the pathological anatomy of this form of insanity, little can be said. Tubercular deposits on the surface of the brain or in the tissues are as rare in the insane as in the sane adult, and as yet the microscope has contributed no fact bearing upon the immediate

question, although it presents a hopeful field of research. There are many very interesting points in connection with tuberculosis associated with insanity, which will be fully discussed when we take up the question of the corporeal symptoms of insanity and the influence it exercises in modifying other forms of disease.

#### The Significance of Involuntary Evacuations in Apparent Health.

The subjoined valuable observations are from a lecture in the *Irish Hospital Gazette*, by Dr. Lyons:—

You will ask me what importance I attach to the passing involuntarily of urine and feces after the restoration of consciousness. I always attach great importance to that condition, and for these reasons:—It is only to be accounted for by some extreme depression exercised on the pneumogastric and sympathetic nerves, and that influence can only be exercised by some very limited cause acting at the base of the brain.

The passage of urine and feces involuntarily I have known to present itself as one of the earliest symptoms in cases of slowly-forming tumors at the base of the brain. I well remember one very painful, lamentable, and indeed tragic case, in which this was the first noticeable symptom in what proved to be a prolonged history of a case of slowly-forming tumor at the base of the brain. A gentleman, who was engaged to be married, was standing up to dance in a drawing-room, when the sphincters gave way, and the involuntary passage of feces took place, and singular to say, he was quite unconscious of it himself. Friends standing by were shocked, and hurried him from the room. He expressed the greatest astonishment when told what had occurred. Nobody seemed able to make out what was the matter. Some thought he must have been tipsy, but it was no such thing, for he was a man of singularly abstemious habits. Curious to say, he recovered voluntary power over the sphincters, and some time elapsed before this accident occurred again. In my experience, this symptom, which is often overlooked, is one of the earliest as well as most dangerous of those occurring in slowly-forming central disease of the brain. I remember another case, in the person of a member of our profession, with whom I was driving to a consultation, when the same unpleasant accident occurred. He seemed perfectly unconscious of it, and had at the time no cerebral disturbance of any kind. In about two years subsequently he died of slowly-forming centric disease of the brain. In the other case there was occasional recurrence of this symptom, and then the diagnosis of deeply-seated tumor in the brain was made. He then was confined to bed; paralysis slowly forming ensued, and he died at the end of two and a half years from the first incident in the ball room. On *post-mortem* examination, a tumor about the

size of a small walnut was found lying at the base of the brain, projecting upon the pons, pressing a little upon it, but not destroying its substance. There is no doubt that it was just at the very incipient condition of this tumor that the accident occurred, from partial irritation at the origin of the pneumogastric nerves.

#### On Nervous Headache.

In this painful complaint, says the London *Medical Record*, M. de Chégoïn has verified the dilatation of the arterial vessels of the encephalon and the face during attacks of nervous headache, and considers it as an arterial neurosis. Its starting-point is in the great sympathetic, its precise seat in the nervous filaments which accompany the arteries. Its material phenomena are seen in the dilatation of these vessels, and in the compression it produces on the brain and the other organs, for, in a true fit of intense nervous headache, patients suffer thus universally, the hands are swollen, the muscles painful, and movements of the joints distressing.

M. Hervez de Chégoïn concludes, from these facts that the treatment should be directed against the distress of the nervous system of the great sympathetic, and against the resulting arterial dilatation, which in his view constitutes the essential characteristic of the disorder, in which it is necessary to distinguish three things, the intermittent character, the pain, and the arterial dilatation. A special therapeutic treatment, founded on the rigorous appreciation of and reasoned out from these elements of the disease, leads to the good results which have been obtained by the administration of pills composed as follows:—

Sulphate of quinine, tannin, each 5 centigrammes (0.75 grain), aconitine, 1 milligramme (0.015 grain) for one pill. One of these pills is given during the day; but some patients, having of their own accord exceeded this dose, take as many as three or four of them daily, with marked benefit. Tannin, in particular, seems to have a special action, which explains the relief obtained by the use of certain substances which, like paullinia, contain it. This treatment, however, is incomplete, since it does not touch the intermittence nor the pain; these are met by substances contained in the pills for which the formula is given above.

#### Milk Diet in Gastric Ulcer.

The *Medical Press and Circular* quotes several cases of ulcer of the stomach cured by milk diet:—

Quite recently M. Siredey had an opportunity of observing a young man of three and twenty who had been sent to him as suffering from cancer of the stomach. He certainly had black vomits, but the vomiting, generally very copious, often brought up a considerable quantity of red blood. Pain was likewise complained of on a level with the xiphoid cartilage, and acute pain in the spine opposite to it.

These symptoms had appeared suddenly. Not finding any tumor, and considering the youth of the subject, M. Siredey concluded it was a simple ulcer of the stomach. He submitted the patient to a rigorous milk diet, and a rapid cure soon confirmed his diagnosis. As soon as the vomiting and hemorrhage ceased, the wasting and alteration of features which had been considered signs of cachexia diminished. During his sojourn of six weeks in hospital the young man increased fourteen pounds in weight.

A man, aged twenty-six, came under M. Siredey's treatment in the year 1873. This man had entered the navy at fourteen, and while voyaging about for four years had never been sick. During a sojourn of two years at Senegal, at the age of eighteen or nineteen, he had fevers, which lasted eighteen months. He was treated with ipecacuanha and quinine, and on the third day was seized with vomiting. Alcoholic stimulants, especially when introduced into the stomach, caused pain. Acute burning pain was felt on a level with the ensiform cartilage. The vomited matter sometimes consisted of food, sometimes was black, like coffee-grounds. After being under treatment for a considerable time he got well. Then, one day, as he was returning to France, the vomiting suddenly began again, and from this period he had numerous intermissions and attacks alternately of rest and of vomiting, with real hæmatemesis.

In 1872 he took a situation with a wine-seller, and frequently indulged in alcoholic potations, which appear to have singularly aggravated his complaint. In the month of January, 1873, the hæmatemesis returned, and he had to enter La Pitié, where he was six weeks under treatment.

In the month of April, 1873, he was again taken with hæmatemesis, after new alcoholic excesses. He then came to the Hospital Lariboisière. The pain at the xyphoid appendix was acute; he vomited absolutely everything he took. Ice, milk with Vichy water, were vomited immediately after being ingested. M. Siredey then prescribed 150 grammes of raw meat (about 5 ounces), and 30 grains of pepsine wine (1 ounce). During ten days the patient had no vomiting, taking only ice instead of drink, and no other food except raw meat, increasing the quantity to 500 grammes, and following it up with the pepsine wine. He then tried to eat bread, but he soon vomited it up. Fifty centigrammes, or close to ten grains of diastase (made from barley) was then prescribed, to be taken after the bread, still continuing the pepsine wine with the meat. For five days there was no vomiting. It returned upon the patient taking a "tisane." After several days, the diastase running short, the lad was again taken with vomitings. These disappeared when he was able to get a teaspoonful of extract of malt at each meal.

After two months the patient left the hospital, in tolerably good condition, continuing to take every day the pepsine wine after meat, and the

extract of malt after the bread. He was seen again, after the expiration of two months, in very fair health, with the exception of slight gastralgia and difficult digestion. He had gradually left off the extract of malt, but continued to use the pepsine wine, taking a dessert-spoonful at each of his repasts.

#### The Management of Uterine Cancer.

This subject received the attention of the London Obstetrical Society, not long since. The well known writer, Dr. Barnes, stated that after the experience of quite a considerable number of operations, he had arrived at the conclusion that the most effective as well as the most safe mode of dealing with cancer of the cervix uteri was by the galvanic cautery. If the diseased mass was projected into the vagina in such a manner as to permit of being surrounded by a wire, it should be removed flush with the vaginal roof. There was rarely any serious bleeding, sometimes almost none; now and then, if a small artery spouted, the use of the porcelain cautery of the battery had effectually stopped it. In those cases in which the disorder did not form a projecting mass, the button galvanic cautery could be moved over the surface, destroying the necrosed portion. Comparatively healthy granulations commonly followed. The so-called cachexia disappeared for a time; there was almost always freedom from hemorrhage for a time; and the general condition greatly improved. He had only known one casualty from the proceeding; a woman in St. Thomas' Hospital died a few days after operation, from peritonitis. In all the other cases relieve and benefit were experienced. In one case the subject had two pregnancies, and she was alive five years after operation, although the disease returned. Dr. Wynn Williams stated that he usually employed the ordinary wire *écraseur* in preference to the electric cautery, as it was much more easy of application, especially if the tumor was large or irregular, because the electric wire was so thin. Then, again, the electric wire often burnt a good way around the burning wire, and if the cervix had to be taken away high up there was fear of injuring the attachment of the vagina and uterus, and so getting into Douglas' space from the after-sloughing, and producing death by peritonitis. He was not satisfied with leaving the case to heal at will after such excision. He waited four or five days, and then destroyed the surface again by means of bromine or the actual cautery, allowing the destruction to extend to part of the lining membrane of the uterus if he had reason to fear it was diseased at all; and then he had often expedited the healing process by a solution of gastric juice, which had a remarkable effect in bringing about cicatrization. This he had proved often, not only in cancerous sores, but in others which turned out very obstinate and difficult of cure by other means. The marked difference between it and the per-



chloride of iron in healing power could be seen often if we dressed a wound half with the iron and half with gastric juice, and he was glad to find that Dr. Barnes confirmed the healing power of this agent. A relapse would not justify cessation from further interference. A second operation often proved effective where the first had failed. Lastly, in cases of hopeless cancer, accompanied by fetor and loss of blood, and when a patient was dying a miserable death, he thought we should interfere. Destruction of the ulcerating surface often both stopped the general cachexia and gave great relief, and the patient gained temporary restoration of health. Where the hemorrhage proceeded from the cavity, he applied the persulphate solution of iron or the perchloride directly to the cavity, on lint; and more recently, by means of an instrument similar to that devised by Simpson for passing caustic into the womb, though larger, he introduced into the cavity, either after dilatation by sea tangle, or without, if the opening was sufficiently patent, the dry solid perchloride, with the best results. Sometimes the arrest of hemorrhage was instantaneous, and seldom gave rise to any trouble. Once only he had seen some metritis, which supervened and lasted three or four days. In any case he thought it was perfectly unjustifiable to leave even hopeless cases of uterine cancer to die a miserable death, and be a pest to themselves and others, in our present state of knowledge, when so much temporary relief could be given.

#### The Transmission of Syphilis.

A striking case is quoted in the London *Medical Record*, from Dr. Lewin, by Mr. Berkely Hill, in which a woman with a child at the breast, by giving suck to a syphilitic child, was inoculated herself, and subsequently infected her own child and her husband. The husband died, not very long afterward, from cerebral affections, which the *post-mortem* notes proved to be syphilitic. The woman was married to a second husband, who never had syphilis, notwithstanding that his wife had frequently syphilitic affections of the pharynx and larynx. Two children resulted from the second marriage, making her offspring three. The child of the first marriage, who had acquired syphilis at her mother's breast, was treated with mercury, and the symptoms disappeared. Nevertheless, she must have had further troubles, for when examined, there were found scars and adhesions of the soft palate, and a notch in the epiglottis. She, moreover, has suffered, from her sixteenth year, from lupus of the thigh, and periostitis of the os frontis and tibia, continually relapsing. At seventeen she married a man not previously syphilitic, who died a year and a half afterward, from tubercular meningitis. A premature child was born, who lived fourteen days. Two years later she was married again, and has now a child seventeen months old, who has scrofulous lichen and a gummy ulcer of the thigh. To continue the

history of the children of the second marriage of the first woman; one died of syphilis at five and a half months; the other, now a girl aged thirteen, was healthy until her sixth year, when syphilitic eruptions appeared, which continued for five years. This family is a striking example of the long duration of the syphilitic poison, and how deeply it penetrates into the organism. Further, one of these cases shows that a child may inherit syphilis which will not become apparent for several years subsequent to birth. Probably many cases of ulcerating skin disease, especially lupus, are really manifestations of syphilis. Lastly, that hereditary syphilis can be derived solely from the mother, is also clearly shown by these histories.

#### The "Germ Theory" of Disease.

Dr. H. C. Bastian, in a recent lecture, summarizes, on this question, the principal facts and arguments on which a judgment may be founded.

1. The experiments of many investigators prove that the alleged causes of disease may be actually introduced into the blood-vessels of lower animals by thousands, without producing any deleterious effects in a large proportion of the cases.

2. Bacteria, if not actually to be found within the blood-vessels of healthy persons, do nevertheless habitually exist in so many parts of the body, in every human being, and in so many of the lower animals, as to make it almost inconceivable that these organisms can be causes of disease. In support of this statement, I have only to say, that even in healthy persons they may be found in myriads, in and about the epithelium of the whole alimentary tract, from mouth to anus; they exist throughout the air-passages, and may be found in mucus coming from the nasal cavities, as well as in that from minute bronchi. They exist abundantly amongst the epithelial *débris* within the ducts of the skin, not only in the face, but in other parts of the body. Fresh legions of them are also being introduced into the alimentary canal with almost every meal that is taken, whence they may perhaps readily find their way into the mesenteric glands, if not further within the system. And lastly, in persons with open wounds, bacteria are constantly to be found in contact with such surfaces, especially if the wounds be not well cared for, though the injured person does not necessarily suffer at all in general health.

3. It is no answer to these difficulties to say that there are distinct species amongst these lower organisms, some of which are harmless, though others are poisonous (or so-called "germs" of disease). In support of such opinion, nothing can be alleged save some of the facts whose cause is doubtful; whilst against such an interpretation may be brought the experiments of several investigators, showing that bacteria are the creatures of circumstance, and modifiable to an extraordinary degree. The last position is even admitted by Professors

Sanderson and Lister. The former acknowledges that they are "the lowest organisms," and that they are "much more under the influence of the conditions under which they originate and are developed than organisms of any other class," whilst Professor Lister's own work has compelled him to make an admission, which, in the face of facts previously stated concerning the wide distribution of bacteria within the body, seems fatal to a consistent belief in the germ-theory of disease. He says, "If the same bacterium may, as a result of varied circumstances, produce in one and the same medium fermentative changes, differing so widely from each other as the formation of lactic acid and that of black pigment in milk, it becomes readily conceivable that the same organism, which under ordinary circumstances may be comparatively harmless, may, at other times generate products poisonous to the human economy."

4. The consideration now to be mentioned suffices, in my opinion, to complete the discomfiture of the germ-theory as an explanation of the mode of causation of the diseases with which we are at present concerned. It is this. It has been shown, on the one hand, that the virulence of certain contagious mixtures diminishes in direct proportion to the increase of bacteria therein: and on the other hand, it has been equally proved that fresh and actively contagious menstria lose scarcely any of their contagious or poisonous properties after they have been subjected for a few minutes, when in the moist state, to a temperature which no living units can be shown to survive (212° F.), or after they have been exposed to the influence of boiling alcohol, which is well known to be equally destructive to all recognized forms of living matter. Such facts have been substantiated by Messrs. Lewis and Cunningham, Sanderson, and others.

## REVIEWS AND BOOK NOTICES.

### NOTES ON CURRENT MEDICAL LITERATURE.

—It appears that Dr. CHURCHILL, of hypophosphite notoriety, has become an out and out charlatan. He has just published a work entitled "*Consumption, and the Principles of Stoechiological Medicine*," from which we take the following quotation, p. 400: "Just as, seventeen years ago, I claimed to have discovered a specific remedy for the tubercular diathesis, so now I deliberately assert that I have discovered a specific remedy for all inflammatory conditions of the respiratory organs....;" p. 406—"I have

not stated, nor do I intend to state what these stoechiological inhalants are."

—Dr. BURGGRAEVE, Emeritus Professor in the University of Ghent, and principal surgeon of the civil hospital of that city, has prepared, in commemoration of the first centenary of the invention of vaccination, a work entitled "*Histoire Générale de la Vaccine; ou, Monumént à Edward Jenner, à l'occasion du premier centenaire de son invention*." The work will shortly be published in Paris by subscription; it is under the patronage of the King of the Belgians, the Emperors of Russia and Austria, the Kings of Sweden, Holland and Italy, and the Emperor of Brazil. The price of the work to subscribers is thirty francs.

### BOOK NOTICES.

*Transactions of the Medical Society of the District of Columbia.* Vol. II, No. 1. April, 1875. Washington.

It is a commendable mark of energy in a Society to publish, with regularity and promptness, whatever in its transactions is likely to inure to the public good. The cases reported in the work before us are mostly worthy of preservation, and are generally well presented. They include hernia, cancer, alcoholism, epulis, laryngeal tumor, cheesy pneumonia, cardiac disease. On the latter subject, Dr. Triplett makes a remark well to bear in mind. He observed that many patients were unnecessarily alarmed on account of heart murmurs when they really possessed a good circulation, and who never suspected any existing disease until they were examined for life insurance. Cited a case in point:—A wealthy Jew, who had believed himself to be sound, was examined with a view to life insurance, and rejected on account of a loud cardiac murmur. The knowledge of this fact preyed upon his mind; he grew rapidly ill; abandoned his business, and finally his condition became so alarming that his friends thought he would soon die. He had dropsy, dyspnoea, irregular and intermittent pulse, and the face was purple and congested. He made his will. This was several years ago, and the man was still alive and in a comparatively good condition, though the vital condition of the heart was bad.

In the majority of cases of sudden death from heart disease the trouble is never suspected during life.

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**Medical & Surgical Reporter,**

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D. G. BRINTON, M. D., EDITOR.

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**THE MEDICAL LAW OF PENNSYLVANIA.**

We give below the text of the law regulating the practice of medicine in Pennsylvania, as it was signed by the Governor last month. While its provisions are certainly better than the utter absence of control which has heretofore prevailed, that it will weed out many of the worthless pretenders of the profession, or do much toward preventing their entrance in the future, is not sanguinely to be hoped. The section in reference to transient practice—in other words, itinerant and perambulating eye and ear doctors, *et id genus omne*, if rigidly enforced—and we appeal to all to see that it is enforced—will have a good effect.

No. 55.

**A N A C T**

To Regulate the Practice of Medicine, Surgery and Obstetrics in the Commonwealth of Pennsylvania.

**SECTION 1.** *Be it enacted, &c.,* That the standard qualifications of a practitioner of medicine, surgery and obstetrics, or of any one who may attempt to practice, singly or jointly, medicine,

surgery or obstetrics, shall be and consist of the following, namely: A comprehensive and practical knowledge of human anatomy, human physiology, pathology, chemistry, *materia medica*, obstetrics, practice of medicine and surgery, and public hygiene, and a good moral character.

**SECTION 2.** The possession of a diploma, regularly issued by a medical school acting under a charter from this or other state or country, shall constitute the sufficient license for the person to whom such diploma is granted, to practice, singly or jointly, medicine, surgery or obstetrics, as set forth and empowered in said diploma: *Provided, however,* That a diploma that has been or that may hereafter be granted for a money consideration, or other article of value alone, or that has been or may hereafter be granted to any one who has not pursued the usual course of studies required by a legally chartered medical school, shall not be considered as a sufficient qualification under this act.

**SECTION 3.** Any practitioner who may not have a diploma, as provided for in section two of this act, and who may not be qualified, as hereinafter provided, shall have the privilege of applying to the prothonotary of the court of common pleas of the judicial district in which such applicant resides, for an examination in the branches of medical science and art set forth in section one of this act; whereupon it shall be the duty of such court to appoint a committee or committees, consisting each of three respectable practitioners of medicine of the school of practice recognized in this commonwealth, to which such applicant or applicants may profess to belong, and shall fix the time and place of holding such examinations. Each of said applicants, before being admitted to examination, shall deposit with such committee the sum of fifteen dollars (\$15), which money shall be equally divided among them, for which they shall give a receipt; it shall be the duty of such committee or committees to convene at any time upon the call of an applicant or applicants for examination; it shall be the duty of such committee, when the said applicant is found to be qualified, as set forth in section one of this act, to grant to such applicant a certificate, and said certificate shall be the sufficient license for the person to whom it is granted to open an office in this commonwealth for the practice of medicine, surgery or obstetrics; it shall further be the duty of such committee to appear before the clerk of such court and take an oath or affirmation that they have not taken and will not receive, directly or indirectly, any other compensation for instituting such examination than that which is herein provided.

**SECTION 4.** Any person who has attended one full course of lectures in any respectable school of medicine recognized by law, and has been a resident practitioner of medicine, surgery or obstetrics in this commonwealth, five years previous to the passage of this act, is hereby authorized to pursue the same. Any person who has been in the continuous practice of medicine,

surgery or obstetrics for ten years in this commonwealth shall be and is hereby authorized to pursue the same.

SECTION 5. Any person who shall attempt to practice medicine or surgery, by opening a transient office within this commonwealth, or who shall, by handbill or other form of written or printed advertisements, assign such transient office or other place to persons seeking medical or surgical advice or prescription, shall, before being allowed to practice as aforesaid, appear before the clerk of the court of quarter sessions of the county wherein said practitioner shall attempt to practice, and shall furnish satisfactory evidence to such clerk that the provisions of this act have been complied with, and shall, in addition, take out a license for one year, and pay into the county treasury, for the use of such county, the sum of two hundred dollars therefor, whereupon it shall be the duty of such clerk to issue to such applicant a proper certificate of license, on payment of the fee of two dollars for his services: *Provided, however*, That the announcement of name, title and place of business by card, or announcement of name, title and place of business in newspaper or other periodical, shall be sanctioned as legitimate, and is so approved by this act.

SECTION 6. Any person violating the provisions of this act, shall be deemed guilty of a misdemeanor, and on conviction shall be sentenced to pay a fine not exceeding five hundred dollars, for the use of the county wherein such misdemeanor is committed, or imprisonment not exceeding one year, or both, at the discretion of the court; any person so convicted shall not be entitled to any fee for services rendered, and if a fee shall have been paid, the patient, or his or her heirs, may recover the same as debts of like amount are now recoverable by law.

Approved—the 12th day of April, A. D. 1875.  
J. F. HARTMAN.

Now that at last there is such an Act in this State, let the profession see to it that its provisions do not become a dead letter; let the charters of all colleges be annulled if they traffic in diplomas; and let the amendments which, in carrying out the law, suggest themselves as valuable, be properly urged before the Legislature.

## NOTES AND COMMENTS.

### Therapeutical Notes.

#### THE CYANIDES IN RHEUMATISM.

In acute articular rheumatism, Dr. Luton has used two cyanic preparations, cyanide of potassium and cyanide of zinc. The latter is a white powder, inert, insoluble in water, tasteless, odorless, and yet really powerful. It can be given in pill, or, still better, suspended in mucil-

age. The doses are  $\frac{1}{4}$  gr.,  $1\frac{1}{2}$  gr., 2 grs., or even 3 grs. (5, 10, 15, 20 centigrammes), throughout the day. The cyanide of potassium is freely soluble, more active when properly prepared, and should be preferred. The dose is  $\frac{1}{4}$  gr. to  $1\frac{1}{2}$  gr. (5 to 10 centigrammes) in a day. Dr. Luton has never exceeded 2 grs. (15 centigrammes), which quantity he has observed to produce colic.

#### HEMORRHAGE IN EXTRACTING TEETH.

For this difficulty Mr. Salter recommends the following:—

R. Vitelli ov.,	ij
Olei terebinth,	3iss
Sacchari,	3ij
Tinct. ferri sesqui-chloridi,	3iij
Aquæ,	3viij.

A tablespoonful to be taken every hour; or

R. Tannin,	gr.v
Spt. vini rect.,	3ss
Aquæ,	3iss.

To be taken every hour.

As tannin is apt to produce nausea when taken on an empty stomach, he recommends its association with some (non-albuminous) food. In the irritability of sanguineous exhaustion, opiates may become necessary in large doses.

#### An Experiment with Jaborandi.

Dr. Craig reports to the Medico-Chirurgical Society, of Edinburgh, an experiment on himself with one drachm of this new drug, the minimum dose. He says, "The little which I possessed I carefully infused with a teacupful of boiling water for two hours. The infusion was then allowed to become cold, after which the whole cupful of infusion was swallowed, and the results carefully observed. Notwithstanding its peculiar odor, it was not unpleasant to the taste, and produced no nausea. About twenty minutes after the infusion was swallowed salivation commenced, and in a few minutes afterwards the mouth was literally flowing with water, smelling strongly of jaborandi. Simultaneously with the flow of saliva the perspiration appeared on the forehead and over the whole body. It extended to the limbs, but was most marked on the forehead and trunk. This continued for fully four hours. The temperature of the room during the time of the experiment varied from 54° to 56° Fahr. The temperature of the patient was unaffected by the jaborandi, having remained normal throughout the whole experiment, confirming what had



been noted by other observers, that the effects of *jaborandi* were in no way depending on the rise of temperature of the body. It appears to act by directly stimulating the sweat-secreting glands."

#### On the Transformation of Malignant Growths.

In speaking of the relative malignancy of different tumors, Dr. J. F. Payne, says in his edition of Jones' *Patholog. Anatomy*:—

"In concluding these general remarks, we may state, we think, the following position with some confidence, viz., that, starting from encephaloid as the representative of cancer, *par excellence*, we find the malignant character gradually declining as we pass through a series of formations, such as we have above described, until we come to those of whose innocent nature there is no question. The exact limit, we believe, at which malignancy is lost cannot be distinguished by any clear line, any more than in natural history we can separate absolutely animals from plants, or in chemistry we can make a positive distinction between metals and non-metallic elements."

#### A Motive to Drunkenness.

What we deem a very weighty suggestion, is made by Dr. Milner Fothergill, in the *West Riding Asylum Report*. He states that a chronic state of anæmia of the brain is the most common cause of dipsomania, especially in women. Alcohol, by increasing the force of the pulse and dilating the small arteries, removes for the time the feeling of weakness and utter wretchedness, which is one of the most prominent and distressing symptoms in all cases of defective cerebral nutrition. Dr. Fothergill has treated successfully cases of dipsomania by measures having for their object the filling of the vessels of the brain. The means employed for this purpose must, of course, depend on the cause of the anæmia, whether it is part of a general state, or due to cardiac weakness, or to valvular disease, etc.; iron, digitalis, strychnia and belladonna are the most useful remedies, and, in bad cases, opium, in frequently repeated small doses, is of great service; it not only allays the restlessness and irritability which are generally present, but, by promoting dilatation of the small arteries of the brain, directly favors the nutrition of that organ.

Apropos of this subject, a writer in *Land and Water* recommends, from Dr. Ringer, the use of

capsicum, "given in doses of the tincture (ten drops), or the powder, twenty grains, to be taken before meals, or whenever depression or craving for alcohol arises." It also induces sleep in early stages of delirium tremens. It obviates the morning vomiting, removes the sinking at the pit of the stomach, the intense craving for stimulants, and promotes appetite and digestion. He adds:—"This treatment I have tried with great success in several cases, and in one in particular, that of a young man, whom no one, by any means in their power, could possibly keep from tipling. Shut up the spirits, he had a key made on the quiet, while his wife was away for a day—of course, he sent her. Take away his money, he would 'tipple' on credit. He came under my care for bronchitis. I soon heard of his propensity, and tried Dr. Ringer's treatment. I began by giving him five drops of the tincture in a little syrup of orange-peel, and some orange bitters, and increased the dose of capsicum to twelve drops. He rapidly improved, and at the end of a month he was quite another man."

#### Hydrocele Fluid as a Preservative.

Dr. Robert McDonnell, of Dublin, recommends hydrocele fluid as a preservative of anatomical and pathological specimens. It neither contracts nor hardens the tissues, nor does it enlarge them. He adds a little bichromate of potash to it, and prefers it to any other menstruum.

#### Chocolate as a Remedial Agent.

Dr. Karner, in a late article, refers to the use of chocolate in chronic intestinal catarrh, and cites, among others, the following typical case of chronic catarrh of the intestines, to illustrate its action in the simplest manner: "Rosalia M., aged seventeen months, poorly developed and nourished, suffered from intense meteorism, numerous thin, fluid, feculent discharges, which alternated from time to time with normal stools. There was considerable emaciation, and the child also had intertrigo, of which there were frequent relapses. The diarrhoeas could be attributed only to poor nourishment. After strictly regulating the diet, small doses of Dover's powder and acetate of lead were first administered, and in three days were substituted by the chocolate, of which a cupfull was given daily. A dessertspoonful of the powder sufficed for a cup of chocolate. The mother was also instructed to allow the child as little fluids

to drink as possible. The result was astonishing. The discharges decreased in number day by day, the weight of the child rapidly increased, and after a few weeks it had perfectly recovered; a remarkable change for the better was observed in its bodily development, and the intertrigo had not recurred."

#### Drunkenness in the United States.

A French writer, M. Simonin, has given some results of his personal observations of drunkenness in the United States. He records, for the benefit of his countrymen, his experience of the system in force in the Dipsomania Asylums in Ward Island, New York. As to the necessity for such measures in the United States, he says there can, unhappily, be no question. In Maine, where the Legislature has shown itself so keenly alive to the prevalence of the vice, there were, in 1873, as many as 18,000 inebriates out of a population of 630,000. Restrictive enactment has merely driven the drunkard to ingenious devices for gratifying his propensity; and, according to medical statistics, the cases of delirium tremens have been quadrupled in Maine since its celebrated Liquor Law. The "bold bacchanal" is now a hero to be admired in New York, where the "four-bottle man" is looked up to as his prototype used to be during the Regency in England; while so general has the tipping habit become, that physicians trace to it not only the greater frequency of apoplexy, but those epidemics of sun-stroke which have prevailed in some large American towns these last few summers. There is nothing like going from home to learn the news.

#### The Construction of Privies.

The English sanitary authorities condemn the manner in which privies are often constructed in rural districts, and their words apply to many places with us. Almost invariably the cess-pits are so made as to allow their contents to soak into the ground; the object of this being, not only cheapness in construction, but to render the emptying less frequent. Quite recently one such was reported to a sanitary authority, that, though close to a house, had only been emptied once in twenty-seven years. The consequence of this is, of course, that the ground about gets sodden with excrement, and that the well, if there be one near, is poisoned. In the course of last year a formidable

outbreak of typhoid fever in one village, and of dysenteric diarrhoea in another, were traced directly to such pollution of the wells. A stringent rule should be laid down that no cess-pit shall, on any account, be allowed in the neighborhood of either well or dwelling-house, unless it is so constructed as to be perfectly water-tight.

#### On Apomorphia.

The late observations of Dr. Victor Bourgeois have elicited the following conclusions:—

1. Apomorphia, or rather hydrochlorate of apomorphia, when pure, and employed in suitable doses, is a rapid, simple, and harmless emetic.
2. It is *rapid*, for its action always takes place, at latest, within ten minutes after administration.
3. It is a *simple* emetic, for it does not appear to exert any influence upon the other functions.
4. It is *innocent*, and does not seem to possess dangerous toxic properties.
5. Lastly, the facility with which it can be administered by hypodermic injection fulfills a therapeutic desideratum, and suggests its adoption by physicians in some special circumstances, such as the medication of children and of the insane.

#### Magnesium Metatartrate.

This salt has just been introduced to medical practice in Germany. It is a white powder, which easily dissolves in water, and thus differs essentially from the tartrate. In the solid form, magnesium metatartrate retains its solubility for an unlimited period, and even diluted solutions remain clear for a considerable time, whereas the concentrated solution soon deposits a white precipitate of the well-known magnesium tartrate. At a high temperature, such as is attained by boiling, this change is very much accelerated, and a solution of pure magnesium tartrate finally results. This preparation is particularly recommended as a substitute for magnesium citrate, which it resembles in medicinal effect and in its agreeable taste, and may be produced more economically.

#### Physiology and Printing.

A correspondent of the *Boston Medical Journal* makes the following shrewd observations:

"There is a subject I wish some one would take up and report upon; and that is the length

of printed line required for the easiest reading. I suppose it will be admitted that if the *New York Times* or *Tribune*, the *Boston Post* or *Advertiser*, should widen its columns to the length of ten or fifteen inches, it would, in a short time, lose all its readers. After a good deal of observation, I am persuaded that it is important, for physiological reasons, to keep short the lines of the newspapers, and to induce the publishers of magazines, and of all octavo volumes whose type is as small as bourgeois or nonpareil, to print two columns on a page. The long lines of print are so serious an inconvenience, involving, indeed, so much injury to the organs of sight, it seems to me that benevolent ophthalmologists ought to do something to attract the attention of publishers and printers, and give some help and relief to persons of my age and feebleness of vision."

#### Uses of Southern Vanilla.

Dr. A. W. Miller remarks, in the *American Journal of Pharmacy*, that deer tongue, or Southern vanilla (*Liatris odoratissima*, Willd.), seems destined to become a commercial staple of some importance, chiefly, so far, on account of its large consumption as a flavor for tobacco. It is stated to be also used to some extent in the South for the purpose of preserving clothing, woolen fabrics, etc., from the attacks of moths. He recommends a tincture of the leaves as an agreeable perfume, resembling new-mown hay.

#### CORRESPONDENCE.

##### Case of Spina Bifida.

ED. MED. AND SURG. REPORTER:—

I was called, on January 16th, 1875, to attend in accouchement, Mrs. P., a primipara. On my arrival, 8½ P. M., I found the patient having slight pains with ten minutes' interval, which had been about the same during the day. I was informed that the amniotic liquid had passed away early in the morning, although the pains indicated only feeble contractions of the uterus. On examination I found complete presentation of the feet with prolapse of the funis; there being no pulsation to the cord, nor, by auscultation, previously made, could I discern the fetal heart, I informed the friends that the child was dead, which afterwards proved true, although the absence of the fetal pulse during extraction of the feet is not always a true indication of death. There being inertia of the womb, I gave quin. sulph. gr. viij. In thirty minutes contractions moderately increased. I then decided on extraction. Meeting with

much resistance, I followed along the dorsal side with my hand, as far as the lumbar vertebra of the child, which I found attached firmly to the placenta. This adherence being detached, using moderate force in traction, delivery was effected at eleven o'clock P. M. The child was still-born, weight 8½ pounds. On examining the child I found a tumor, 3½ inches in circumference, involving the two last dorsal and three of the lumbar vertebrae, true spina bifida, the fluid had already been discharged, and the spinal membrane inflamed, while otherwise the child was well developed. I consider the immediate cause of death to be, that when the rupture of the membranes occurred, and the feet fell into the vagina, the traction thus made between the placenta and the fetus partially ruptured the sac, as the fluid was already discharged.

J. H. TILFORD, M. D.,

Irvington, Indiana, April 12, 1875.

#### NEWS AND MISCELLANY.

##### The Law of Abortion.

A week or two since an irregular physician of this city was convicted of being an "accessory after the act" in a case of abortion followed by death. He delivered the body to an irregular college of this city, which led to the detection of the crime. Judge Finletter, in summing up the case to the jury, made the following remarks on the relation of medical men to the law:—

"The law invests the physician with peculiar privileges. In the exercise of his profession all his acts must be considered lawful until the contrary be shown. If he be administering anywhere, the presumption is that he is lawfully there for a lawful purpose, to which he was regularly called. If it be shown that a miscarriage was produced, it must be presumed that he had nothing to do with it unless it be shown that he participated in it, or counseled, or advised, or directed it. Even if it be shown that he produced it, the presumption would be that it was lawfully done, for a lawful purpose, until the contrary be established. In this connection, however, it must not be forgotten that an intentional miscarriage, for the purpose only of producing a miscarriage, is always unlawful. These presumptions of innocence are intended to protect the honest members of a profession whose glory it is to answer the call of suffering with a promptitude which forbids an inquiry into the surroundings of a patient, or guarding themselves with witnesses in the performance of their duties. They are not, however, to be made the means of covering up crime and protecting criminals. Nor should they be extended to acts of the physician not within the scope of his professional services. With the life of his patient his responsibility ends, and his subsequent acts and conduct are to be considered and adjudged as those of other men. It would be a rare exigency, indeed,

which could justify him in appropriating for dissection the body of his patient. How far the profession should be on the alert to suppress the crime of abortion, to expose and bring to punishment the perpetrators, to aid with all their great intelligence and opportunities of observation the ministers of the law, must be left for them to determine. Although it may not be necessary, I regard it as a part of my duty to call your attention to the character of the crime charged against these defendants. There is none which equals it in wickedness, or in its terrible consequences. It is greatly to be feared that abortion is no longer confined to the victims of passion and seduction. It stalks abroad so brazenly heralded, that childhood in its most guarded home may see and feel its corrupting influences. That it breaks down the guards of private and public chastity, and fills the ranks of prostitution, is the smallest of its evils. When it enters the domestic circle, all that makes home holy and blessed wither in its track; purity of thought and act, the respect and confidence of man and wife, the pride and glory of children, and their tender care, and all regard for family duties and responsibilities, disappear forever.

#### Fee Bill Rates.

The following Resolution has been adopted by the Mifflin county (Pennsylvania) Medical Society:—

*Resolved*, That we, the officers and members of the Mifflin county Medical Society, will not consult or have medical intercourse with any physician who is in the constant habit of violating our code of ethics, by underbidding our fee bill rates.

*Resolved*, That a copy of the above be sent to the MEDICAL AND SURGICAL REPORTER, for publication.

Adopted April 13, 1875.

#### "Mind Reading."

The mind reading humbug has been rife in this city this spring. In spite of the full exposure given in this journal and others, some of the daily papers accepted it with the credulity of mediæval ignorance!

#### Personal.

—Mlle. Lehmus, of Furth, Bavaria, has just received from the Faculty of Medicine of the Zurich University the diploma of doctor in medicine, chirurgy, and obstetrics.

—M. Pajot, who had the intention of giving up his chair of obstetrics at the Ecole de Médecine, relinquished his purpose on the earnest representations of the students. He commenced his sessional course of lectures on the 16th ult., when the students took occasion to give him an ovation of the most enthusiastic and gratifying character.

#### QUERIES AND REPLIES.

*Dr. W. M. R., of Ia.*—The Hot and Warm Sulphur Springs, of New York, Virginia, and Arkansas (as well as some of less note in other states), are well adapted to chronic rheumatism. The free use of mustard as a condiment is highly recommended by Dr. Chambers. Massage and the friction cure are also lauded by some. Electricity is occasionally beneficial.

*Dr. A. J. O., of Ill.*—Bartholow, on Hypodermic Medication, price \$1.25.

*Dr. C. F. G., of Pa.*—Elastic bandage, 2½ inches wide, costs 75 cents per yard.

*Dr. J. H. A., of Ky.*—Framing diplomas for one's office is entirely proper. The card you send, announcing "calls promptly attended to, day or night, city or country," is not contrary to ethics, but appears to us in questionable taste.

#### OBITUARY.

##### DR. JESSE R. BURDEN.

The death of this widely respected member of the profession occurred in this city on the 2d instant, after a brief illness. Dr. Burden was a native of this city, born January 8th, 1798; graduated in the Academic Department of the University of Pennsylvania, and as a doctor of medicine in the medical school of the same University. At an early period he took an active interest in political affairs; was elected to the Legislature from the old county of Philadelphia, serving continuously from 1827 to 1838, in either the House of Representatives or the Senate at Harrisburg. He was for several sessions President of the Senate, during which time his decisions were never appealed from. He was one of the founders of the Jefferson Medical College, and at the time of his decease, and for many years prior, he was one of the Board of Trustees. Since the decease of Judge King he has been President of the Board. Very early in life he was chosen a member of the Board of Health, and for a long period was in the Guardians of the Poor, and for about twenty years (1835 to 1855) was President of the Board of Inspectors of the Moyamensing Prison. For several years he occupied the chair of Materia Medica in the Philadelphia Medical College. In 1820 he had charge of the first yellow fever hospital in Philadelphia. In 1823-24 he was the only medical officer in the Fourth United States Infantry, during a trying period at Tampa Bay, Florida. In 1832, during the afflicting visitation of cholera in that year, when all the nurses deserted the Almshouse, he obtained, through Bishop Kenrick, the services of a Sister of Charity, and remained at the Almshouse himself giving medical attendance to the sick, who were nursed by the Sister. In August of the same year, the cholera having broken out in the old Arch Street Prison, he then being an inspector, he discharged all the untired prisoners on his own responsibility, as a sanitary measure.

Dr. Burden was a man of strong intellectual character, liberal in his charities, a reading man, fond of books, devoted in his friendship, and held in warm affection in the domestic and social circles in which he moved in the evening of his days.